



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
Financial Affairs Section / Analytical Unit 0576
500 James Robertson Parkway, 4th Floor
Nashville, Tennessee 37243
(615) 741-1633

Date:

Company:
Company Contact:
Address:
City, State Zip:

**RE: NAME CHANGE FROM Sample Insurance Company (NAIC# 99999)
TO NewName Company**

To Whom It May Concern:

This Department has been notified of the name change of the above referenced company. The following documents must be filed to amend the company's Certificate of Authority:

PLEASE PROVIDE	ITEM
<input checked="" type="checkbox"/>	Amended Articles of Incorporation reflecting name change, certified by the Domiciliary State.
<input checked="" type="checkbox"/>	Board Resolution authorizing the name change, bearing original certification by the Corporate Secretary or by the state of domicile.
<input checked="" type="checkbox"/>	The original Certificate of Authority issued to Sample Insurance Company by the Tennessee Department of Insurance, or an Affidavit of Lost or Misplaced Certificate.
<input checked="" type="checkbox"/>	The Company's correct administrative and mailing addresses if they have changed since the current Certificate of Authority was issued.
Upon completion of this process, The company will be billed the fee for amending the company's Certificate of Authority, which is the greater of ninety dollars (\$90.00) or Retaliatory.	

Please provide an e-mail address. Should you have any questions, feel free to contact me at (615) 741-1670, or at phil.adams@state.tn.us.

Regards,

Phil Adams
Analyst